

Commonwealth of Kentucky
Kentucky State Board for Proprietary Education
PO Box 1360
Frankfort, Kentucky 40602
502/564-3296, ext. 239

APPLICATION FOR NON-RESIDENT PROPRIETARY SCHOOL

(Please type or print clearly)

School Name: _____

Address: _____
(Street) (City) (State) (Zip) (Telephone Number)

School Web Site Address: _____

Type of School: Check one or more:

- | | | | |
|-------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Trade | <input type="checkbox"/> Technical | <input type="checkbox"/> Computer: Short term? _____ |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Electronic | <input type="checkbox"/> Allied Health | <input type="checkbox"/> Massage <input type="checkbox"/> Tax Preparation/Review |
| <input type="checkbox"/> Nurse Aide | <input type="checkbox"/> Culinary | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Insurance |

Is this school a Correspondence or Distance Learning School? _____

Date school was established: _____

Type of ownership: ☐ Individual ☐ Partnership ☐ Corporation

Name of Corporation: _____

Address/Telephone # of Corporation: _____

Date and state of incorporation: _____

Complete name of **all** owners: _____

Name, address, phone number, and e-mail address for administrative contact person: _____

Has the school ever been cited to cease and desist operation from any act or practice by the Federal Trade Commission? ____ Yes ____ No

If yes, explain: _____

Has the school ever been cited to cease and desist operation in another state? ____ Yes ____ No

If yes, what state? _____ Explain: _____

Has the school ever been refused approval by a Federal Agency, State Agency, or a National Accrediting Association? ____Yes ____No If yes, explain: _____

List names of approvals by other agencies, states, and/or Accrediting Association: _____

ADMINISTRATION AND SUPERVISION

List name and title of all management, administrative, and supervisory personnel.

A. Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

B. Name and Title of Chief Administrator: _____

C. Name of person responsible for the instructional program and the instructor personnel:

Name: _____ Title _____

OTHER SCHOOL INFORMATION

A. Enrollment Data:

DAY

EVENING

(1) Present Enrollment

(2) Total number enrolled preceding year

(3) Number of graduates preceding year

B. School's Operational Time:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Day							
Evening							

C. Total number of instructional staff: (See Form 2001-F in this packet.)

Full-time _____

Part-time _____

Total _____

D. Number of agents (recruiters) soliciting students in the Commonwealth of Kentucky: (See Forms 2001-D and 2001-E in this packet.)

Full-time _____

Part-time _____

Total _____

COURSES TO BE OFFERED

List courses submitted for Board approval. List course(s) by title as it will appear on the school's Certificate of Licensure. (Attach separate sheet if necessary.)

Name of Course	Type of Program (Certificate/Diploma)	Estimated Time to Complete	Length of Program	Hrs/Wks/Credit Hours
1.				
2.				
3.				
4.				
5.				

List **all** Federal and/or State Financial Aid programs offered by the school:

Name/Title _____ Type _____

Name/Title _____ Type _____

Name/Title _____ Type _____

ASSOCIATE DEGREE INFORMATION

A. List **all** Associate Degree programs offered, including type and length of course: (Attach separate sheet if necessary.)

Name _____ Type _____ Length _____

Name _____ Type _____ Length _____

Name _____ Type _____ Length _____

Name _____ Type _____ Length _____

Name _____ Type _____ Length _____

Indicate if one of the following is required: ☐ Internship ☐ Externship ☐ Practicum

List length of instructional hours and/or employment term required for Internship, Externship, or Practicum

Instructional Hours: _____ Employment Term: _____

Does the school offer placement assistance for Internship, Externship, or Practicum? ☐ Yes ☐ No

If no, does the school approve the project with an agency, company, organization, etc.? ☐ Yes ☐ No

SUPPORTING MATERIAL

The following supporting documentation **must** be submitted with this application.

1. Proprietary School Bond (Form 2001-C) or an irrevocable letter of credit at a financial institution made in favor of the Kentucky State Board for Proprietary Education and in the minimum amount of \$20,000.
2. Blanket Agent Bond (Form 2001-E) if agents (recruiters) are soliciting in Kentucky and Application for Permit to Act as an Agent (Form 2001-D).
3. Student contract forms.
4. Student enrollment form, complete with school's Refund Policy as stated in the school catalog.
5. Student attendance, progress, and conduct forms.
6. Sample of certificate, diploma, and/or Associate Degree issued upon successful completion of program(s).
7. School Personnel Form 2001-F on each instructional staff members.
8. School's Financial Statement. Submit Balance Sheet type financial statement for school only certified as true and correct by the appropriate school official or CPA.
9. Fire inspection report indicating compliance with all fire and safety codes. A certificate of compliance from the local health department should be submitted for schools utilizing food/kitchen area for instruction.
10. Complete equipment inventory with equipment listed by course or program that is utilized by the student.
11. School catalog, bulletin, brochure, or other duplicated publication distributed to students. This document **must** be certified as true and correct in content by the appropriate school official and **must** contain the following information:
 - a. Title, volume number, and date of issue.
 - b. Official name of the school, its governing body, officials, and faculty.
 - c. A calendar of the school showing legal holidays, beginning and ending dates of each quarter, term, or semester, and other important dates.
 - d. School policy and regulations regarding enrollment with respect to enrollment dates, specific entrance requirements for each course.
 - e. School policy regarding absence, class cuts, make-up work, tardiness, and interruptions for unsatisfactory attendance.
 - f. School policy and regulations relating to standards of progress required of the student. This policy should define the grading system of the school; the minimum grades considered satisfactory; grades or progress; and a description of the probationary period, if any, allowed by the school; and conditions of re-entrance for those students dismissed for unsatisfactory conduct. Also, a statement regarding progress records kept by the school and furnished to the student.
 - g. School policy and regulations relating to student conduct and conditions for dismissal for unsatisfactory conduct.
 - h. Detailed schedule of fees, charges for tuition, books, supplies, tools, student activities, laboratory fees, service charges, rentals, deposits, and all other charges.
 - i. School policy and regulation of the refund policy. This includes the refund of the unused portion of tuition, fees, and other charges in the event of the student does not enter the course, withdraws from the course, or the course is discontinued in any other manner.
 - j. A description of the available space and facilities including a floor plan indicating the dimensions of all classrooms, activity areas, laboratories, school office area, etc.
 - k. A Course Outline for each course offered for which approval is requested, reflecting subjects or units in each course; type of work or skill to be learned; and the approximate time and clock hours to be spent on each subject or unit.
 - l. School policy and regulations relating to granting credit for previous education and training.

APPLICATION SUBMISSION AND FEES

- The application and initial licensure fee is \$900. Upon submission of this application a contribution to the Student Protection Fund in the amount of \$900 is required in accordance with KRS 165A.450. All fees must be submitted by check or money order made payable to the **Kentucky State Treasurer. DO NOT SEND CASH.** The application fee and contribution must be issued separately. **These fees are non-refundable.**
- The completed application must be submitted to the board office at the address indicated in the heading of this application or to the following street address: **911 Leawood Drive, Frankfort, KY 40601.**

AFFIDAVIT

I hereby certify that the contents of this Non-Resident School Application packet as submitted to the Kentucky State Board for Proprietary Education is true and correct in its entirety. In addition, I hereby pledge to follow all laws, regulations, and standards set forth under Kentucky Revised Statutes Chapter 165A.

Signature of Authorized School Official

Date

Title